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State Of Alaska  
Department Of Commerce, Community And Economic Development  
Division Of Corporations, Business and Professional Licensing  
**Alaska Board Of Chiropractic Examiners**  
550 West 7<sup>th</sup> Avenue, Suite 1500  
Anchorage, AK 99501-3567  
Telephone: (907) 269-8184 ★ Fax: (907) 269-8156  
E-Mail: [license@commerce.state.ak.us](mailto:license@commerce.state.ak.us)  
Website: [www.commerce.state.ak.us](http://www.commerce.state.ak.us)

## REQUEST FOR PEER REVIEW

INSTRUCTIONS: Please type or print in ink and forward to the above address. Peer Reviews will not be conducted without a fully completed request form and payment of \$50.00 per claim. A claim consists of the care rendered by one doctor to one patient.

Chiropractor: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Patient: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Claim # \_\_\_\_\_ Policy # \_\_\_\_\_

Insurance: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Please indicate your specific reasons for requesting a review. (Use additional pages if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

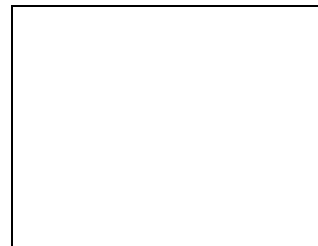
Submitted by: (name) \_\_\_\_\_  
(check one)                      patient                      doctor                      insurance

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Thank you for participating in the Peer Review Process. Enclosed is an information sheet explaining the Peer Review Committee process for your information.



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### **AUTHORIZATION FOR DISCLOSURE OF HEALTH RECORDS**

This form must be completed and submitted with the request and fees.

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

By my signature below, I authorize \_\_\_\_\_ to disclose my protected  
Name of Chiropractic Physician and/or Chiropractic Clinic  
health information as follows: (Check all that apply)

☐ Complete Medical Record for all services to include: History and Physical Exam; Progress Notes; Laboratory Tests, Physician Orders, X-ray Reports, Inpatient Admissions, Physical Therapy.

☐ Athletic Injury Status: Specify Information \_\_\_\_\_

\_\_\_\_\_  
☐ Records related only to the following date(s) of service \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

### **Release Information To:**

Department of Commerce, Community and Economic Development  
Board of Chiropractic Examiner/Peer Review Committee  
550 West 7th Avenue, Suite 1500  
Anchorage, AK 99501-3567



*Frank H. Murkowski, Governor*

Division of Corporations, Business and Professional Licensing  
550 West 7<sup>th</sup> Avenue, Suite 1500  
Anchorage, AK 99501-3567  
Telephone: (907) 269-8160  
Fax: (907) 269-8156  
Website: [www.commerce.state.ak.us/occ](http://www.commerce.state.ak.us/occ)

## **ALASKA BOARD OF CHIROPRACTIC EXAMINERS PEER REVIEW COMMITTEE**

### **GENERAL INFORMATION:**

In 1998, the Alaska Board of Chiropractic Examiners established a Peer Review Committee in accordance with Alaska Statute (AS) 08.20.185. The Committee is comprised of four members: three chiropractic physicians and one public member. Members of the Committee must qualify under all appropriate statutes and regulations, and are appointed based upon their active interest, diverse experience, understanding of the occupation, integrity, etc.

### **MISSION STATEMENT:**

The purpose of the Committee is to review complaints concerning the reasonableness or appropriateness of care provided, fees charged, and/or costs for services rendered by a licensee to a patient. The Committee will act in an advisory capacity to the Board.

### **PERFORMANCE:**

A peer review occurs when requested by a patient, patient's representative, insurer, or chiropractic physician. There is a \$50.00 fee charged to a complainant for a peer review.

Findings of the Committee include a determination of whether the chiropractic physician provided or ordered appropriate treatment or services, and whether fees charged are a reasonable and appropriate cost of treatment.

The Committee reports findings to the board and furnishes a copy of its findings to the patient, chiropractic physician, and insurer involved in the case. The Committee must file a complaint with the investigative unit if there is cause to believe that a chiropractic physician has violated any portion of the Alaska Chiropractic Act for which a licensee may be disciplined.

### **CONFIDENTIALITY:**

A chiropractic physician involved in a peer review case must submit to the Committee all necessary records and other information concerning the patient's treatment. Patient records presented to the Committee for review that were confidential before their presentation must remain confidential to the committee members and to the board members.

### **AUTHORITY:**

The Board maintains disciplinary powers under AS 08.01.075. The findings of the Committee may be utilized by the Board in considering disciplinary action against a licensee but the results or recommendations of the Committee are not binding upon the Board.

A licensee's acceptance of or request for payment for treatment given to a patient constitutes the licensee's consent to submit to peer review.

A member of a peer review committee who in good faith submits a report or participates in an investigation or judicial proceeding related to a report is immune from civil liability for the submission or participation.

### **DEFINITIONS:**

"Appropriate treatment of services" means treatment or services performed, because of a substantiated and properly diagnosed condition, that are consistent with that diagnosis as reviewed by the peer review committee.

"Licensee" means a chiropractic physician licensed under AS 08.20.

"Reasonable and appropriate cost of treatment" means that charges submitted for services performed are necessary and reasonable charges in the judgment of the peer review committee.